



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
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CHANGES TO PROCEDURE CODES EFFECTIVE JANUARY 1, 2013

Major changes to mental health-related Current Procedural Terminology (CPT) procedure codes will go into effect on January 1, 2013. The Los Angeles County Department of Mental Health (LACDMH) requires its Contractors, Network Providers and Directly-Operated Agencies to utilize CPT procedure codes to identify and bill for a variety of specialty mental health services provided to clients. In some instances, the changes will simply be reflected in the assignment of a new procedure code to a given service. In other instances, LACDMH will implement new procedure codes that identify, with greater specificity, services that were previously identified by a single procedure code. These changes will be incorporated within the Integrated System (IS) and will be effective for all claims with a service date of January 1, 2013, or later.

Overview

The types of services to be assigned new CPT procedure codes include Assessment (90801) and Psychotherapy (90804, 90806, 90808...). There will be an additional procedure code for psychotherapy to designate "Psychotherapy in Crisis". Individual Medication Service (90862) will be inactivated and replaced by new procedure codes to allow for greater specificity. In addition, there will be an expansion of available Psychological Testing codes. **Contractors and Directly-Operated Agencies: See Attachment 1 for a summary of code changes and additions.** Please refer to the updated *Guide to Procedure Codes for Claiming Mental Health Services* for a complete list and description of available procedure codes: http://file.lacounty.gov/dmh/cms1_159845.pdf

Implementation

For dates of service January 1, 2013 and after, Directly-Operated programs must use the new procedure codes unless exception is granted by the Quality Assurance Division. Any claim submitted with dates of service January 1, 2013 or after with the inactive procedure codes risk rejection by Medicare and Private Insurance. Any claim entered with date of service on or after July 1, 2013 with the inactive procedure codes will not be accepted by the IS.

Due to the number and complexity of changes, associated training requirements, and potential impact on Provider electronic system configurations, the LACDMH will allow up to six (6) months for full implementation for Contract Agencies. While LACDMH is allowing a six month implementation period, Contract Agencies should be aware that other payer sources (such as Medicare or Private Insurance) are not expected to give this grace period. Any services entered with date of service on or after July 1, 2013 with the inactive procedure codes will not be accepted by the IS.

The Medication Note forms used by psychiatrists will be updated and placed on-line to reflect the procedure code changes. It is anticipated that they will be available for use by January 1,

2013. The NCR Medication Notes will be submitted for printing as soon as possible. A Clinical Records Bulletin will be issued with more information regarding these forms.

Additional Information

The CPT procedure code changes also include the development of “add-on” codes for interactive complexity and the time spent providing psychotherapy during an Evaluation and Management (E&M) service. Due to the complexity of these add-ons, the changes that would be required to the IS, and the lack of impact to Medi-Cal claiming, LACDMH decided not to implement/utilize the “add-on” codes at this time. As a result, rendering providers will no longer distinguish services which utilized “interactive methods” (play equipment, physical devices, or other mechanisms of non-verbal communication) through the assignment of a distinct procedure code. Finally, the CPT procedure codes changes include a code for “assessment with medical work”. LACDMH opted not to implement this procedure code since all mental health assessments require the same data elements regardless of discipline.

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison. Network Providers, contact the Provider Relations Unit at 213-738-3311 for additional information.

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2013 PROCEDURE CODE CHANGES

ATTACHMENT 1

QUALITY ASSURANCE DIVISION

Summary of Changes for Directly-Operated and Contract Agencies

INACTIVE CODE	NEW CODE	NOTES/DESCRIPTION
90801	90791	
90802	None	Will no longer distinguish between Assessment and Interactive Assessment
90804	90832	Face to Face duration has changed
90806	90834	Face to Face duration has changed
90808	90837	Face to Face duration has changed
90810	None	Will no longer distinguish Psychotherapy and Interactive Psychotherapy
90812	None	Will no longer distinguish Psychotherapy and Interactive Psychotherapy
90814	None	Will no longer distinguish Psychotherapy and Interactive Psychotherapy
90805	None	Will no longer utilize E&M Codes for Psychotherapy
90807	None	Will no longer utilize E&M Codes for Psychotherapy
90809	None	Will no longer utilize E&M Codes for Psychotherapy
90811	None	Will no longer utilize E&M Codes for Psychotherapy
90813	None	Will no longer utilize E&M Codes for Psychotherapy
90815	None	Will no longer utilize E&M Codes for Psychotherapy
90857	None	Will no longer distinguish between Group Psychotherapy and Interactive Group Psychotherapy
90862	99201-99205, 99212-99215, 99341-99345, 99347-99350	Use the appropriate E&M Code; See below for additional information
-----	90839	Psychotherapy for Crisis
-----	96105	Assessment of Aphasia
-----	96110	Developmental Testing: Limited
-----	96111	Developmental Testing: Extended
-----	96116	Neurobehavioral Status Exam
-----	96118	Neuropsychological Testing
-----	96119	Neuropsychological Testing by QHCP*
-----	96120	Neuropsychological Testing Admin by Computer
-----	96125	Standardized Cognitive Performance Testing

*QHCP is a Qualified Health Care Professional. See the Guide to Procedure Codes for a definition of who qualifies.

2013 PROCEDURE CODE CHANGES

ATTACHMENT 1

QUALITY ASSURANCE DIVISION

New E&M Codes for Medication Support Services for Directly-Operated and Contract Agencies

(See the Guide to Procedure Codes for documentation and claiming requirements)

E&M CODE	TYPE OF CLIENT	PLACE OF SERVICE (POS)	FACE-TO-FACE DURATION	SEVERITY
99201	New Client*	Office or Other	1-15	Minor
99202	New Client*	Office or Other	16-25	Low to Moderate
99203	New Client*	Office or Other	26-37	Moderate
99204	New Client*	Office or Other	38-52	Moderate to High
99205	New Client*	Office or Other	53+	Moderate to High
99212	Established Client	Office or Other	1-12	Low to Moderate
99213	Established Client	Office or Other	13-20	Moderate
99214	Established Client	Office or Other	21-32	Moderate to High
99215	Established Client	Office or Other	33+	Moderate to High
99341	New Client*	Home	1-25	Low
99342	New Client*	Home	26-37	Moderate
99343	New Client*	Home	38-52	Moderate to High
99344	New Client*	Home	53-67	High
99345	New Client*	Home	68+	Client Unstable
99347	Established Client	Home	1-20	Low
99348	Established Client	Home	21-35	Moderate
99349	Established Client	Home	36-52	Moderate to High
99350	Established Client	Home	53+	High/Client Unstable

*New client is defined as one that has not been seen for 3 years or more.